

Provider Report – Cardiovascular

Within ten days of results, fax this form to 802-657-4208. Or mail to:
Ladies First, Vermont Department of Health, P.O. Box 70, Burlington, VT 05402-0070
Questions? Call the Provider Support Line: 1-800-510-2282 Need forms? www.LadiesFirstVt.org



Patient Name _____ SS# _____

D.O.B. ____ / ____ / ____ Exam Date ____ / ____ / ____ Provider Phone# _____

Provider Name _____ Practice Name _____

The Cardiovascular component of the Program is offered to eligible members as a one time series. A series includes: an initial cardiovascular screening, a diagnostic follow-up (if needed), up to 3 interventions, and a follow-up screening within 10-14 months of initial screen.

Is patient currently taking medication for:

Blood Pressure Cholesterol Diabetes

Does patient currently smoke? Yes No

Height _____ in.

Weight _____ lbs. BMI _____

Blood Pressure:

Two blood pressure readings are required.

First Reading: Second Reading:

_____ / _____ mm/Hg _____ / _____ mm/Hg

>180/>110: Immediate treatment required

Is patient taking blood pressure medications as a result of this visit? Yes No

Glucose:

Is patient fasting? Yes No

Blood drawn on site: Yes No

If no:

Patient refused

Patient sent to lab (location: _____)
(Place Ladies First sticker on lab request)

Other (reason): _____

Results:

Glucose _____ mg/dl

>375 mg/dl: Immediate treatment required

Is patient taking medications as a result of this visit? Yes No

Cholesterol:

Cholesterol values are required.

Is patient fasting? Yes No

Labs requested:

Lipid Panel

HDL Cholesterol & Total Cholesterol

Blood drawn on site: Yes No

If no:

Patient refused

Patient sent to lab (location: _____)
(Place Ladies First sticker on lab request)

Other (reason): _____

Results:

Total Cholesterol _____ / _____ mg/dl

HDL _____ / _____ mg/dl

LDL _____ / _____ mg/dl

Triglycerides _____ / _____ mg/dl

>400 mg/dl: Immediate treatment required

Is patient taking cholesterol-lowering medications as a result of this visit?

Yes No

Lifestyle Plan:

Is patient medically cleared to begin physical activity program? Yes No

Patient given a prescription for Ladies First heart-healthy programs:

Nutrition Education

Physical Activity

Smoking Cessation (VT Quit Line Recommended):

1-877-YES-QUIT (1-877-937-7848).

(Tear off and give to patient after screening)



Lifestyle Prescription

Rx Patient's Name: _____
Date: _____

Prescription for Ladies First Heart Healthy Programs:

Nutrition Education: Call Kate at 1-800-508-2222

Physical Activity: Call Kate at 1-800-508-2222

Smoking Cessation: Call Vermont Quit Line

1-877-YES-QUIT (1-877-937-7848). Be sure to tell them you're a Ladies First member

PREScripTion SIGNATURE